



7/12/03

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

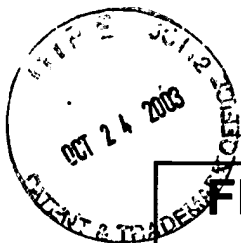
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/602,454-Conf. #9349
		Filing Date	June 23, 2003
		First Named Inventor	Robert Wiley
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	1	Attorney Docket Number	102767-0027

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <i>Copy of Notice of</i> <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <i>10-21-03</i>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Combined Declaration and Power of Attorney Filing Fee for the Application (as shown on accompanying Fee Transmittal) Return Postcard (In Duplicate)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	NUTTER MCLENNEN & FISH LLP David J. Powsner
Signature	
Date	10-21-03

Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: 10-21-03	Signature: (David J. Powsner)



FEE TRANSMITTAL for FY 2004		Complete if Known		
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	10/602,454-Conf. #9349	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 23, 2003	
		First Named Inventor	Robert Wiley	
		Examiner Name	Not Yet Assigned	
		Art Unit	N/A	
TOTAL AMOUNT OF PAYMENT (\$)		714.00	Attorney Docket No.	102767-0027
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input type="checkbox"/> Deposit Account: Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)		Fee Code Fee (\$)		
Fee Description		Fee Paid		
1001 770 2001 385 Utility filing fee		385.00		
1002 340 2002 170 Design filing fee				
1003 530 2003 265 Plant filing fee				
1004 770 2004 385 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		385.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 35 -20** = 15 x 9.00 = 135.00				
Independent Claims 6 -3** = 3 x 43.00 = 129.00				
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)		Fee Code Fee (\$)		
Fee Description		Fee Paid		
1202 18 2202 9 Claims in excess of 20				
1201 86 2201 43 Independent claims in excess of 3				
1203 290 2203 145 Multiple dependent claim, if not paid				
1204 86 2204 43 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		264.00		
**or number previously paid, if greater; For Reissues, see above				
		Other fee (specify)		
		*Reduced by Basic Filing Fee Paid		
		SUBTOTAL (3) (\$)		
		65.00		
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) David J. Powsner		Registration No. 31,868		
Signature		Telephone (617) 439-2000		
		Date		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 11-21-03 Signature: (David J. Powsner)